	(Coi.	1)	(C0)	i. <i>2)</i>	
FOR:	NO. FILED		NO. EXTRA		
BASIC FEE					
TOTAL	14	- 20	=	*0	
CLAIMS					
INDEP.	6	- 3	=	*3	
CLAIMS			L		
[] MULTIPLE DEPENDENT CLAIM PRESENTED					

* If the difference in Col. 1 is less than 0, enter "0" in Col. 2.

SWIALL ENTITI				
RATE	FEE	OR		
	\$345.00	OR		
x \$9.00 =	\$0.00	OR		
x \$39.00 =	\$117.00	OR		
+ \$130.00 =		OR		
TOTAL	\$462.00	OR		

RATE	FEE
	\$690.00
x \$18.00 =	
x \$78.00 =	
+ \$260.00 =	
TOTAL	
1	ı

Please charge Deposit Account No. 20-1430 as follows:

[X] Filing fee \$462.00

[X] Any additional fees associated with this paper or during the pendency of this application.

The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b) []

[] A check for \$ is enclosed.

copies of this sheet are enclosed.

Respectfully submitted,

TOWNSEND and TOWNSEND and CREW LLP

Telephone:

Facsimile:

(415) 576-0200

(415) 576-0300

David Heckadon

(Granted Limited Recognition under 37 CFR §10.9(b see enclosed Limited Recognition Document)

Attorneys for Applicant

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